MENTAL HEALTH

INTEGRATION PROPOSAL

1. PURPOSE

This report makes a proposal to Aneurin Bevan Health Board and the 5 Local Governments in Gwent in respect of mental health integration. Members are asked to consider and agree the proposal and associated timescales.

2. BACKGROUND

The integrated strategy for mental health for the people of Gwent and South Powys made a strong commitment to pursuing an integrated model of the onward planning, delivery and commissioning of mental health services. A key priority of the strategy was therefore to explore the potential to move towards integrated delivery teams managed within a single organisational structure.

An early timetable was agreed as follows :

WORKSTREAM	TIMESCALE	STATUS
Strategy Development & Endorsement	June – August 2011	
Strategy Consultation	September – December 2011	
Revisions and final sign off	Jan – March 2012	
Establish delivery framework	March-May 2012	
Baseline information from workforce, finance and service areas	April 2012	
Initial outcomes from groups	June/July 2012	
Outline proposal for integration to Partnership Board	June/July 2012	
Detailed proposal to Partnership Board	September 2012	
Proposal for integration through Partnership Structures	Oct-Dec 2012	

A number of detailed discussions have taken place in respect of integration over the past year. This paper makes a recommendation as a result of these.

3. PRINCIPLES

The principles of the integrated Mental Health Strategy have underpinned the discussions :

- There should be a ***comprehensive*** range of high quality mental health services delivered by a range of organisations as locally as possible.

- Service users, their families and referrers should have access to up to date, easily understandable ***information*** about their problem and which informs them of the services available to them and how they can access services according to choice.
- Community services should be delivered as ***close to service users' homes***, families and social networks as is possible. (With respect to in-patient services, the balance needs to be struck between this aspiration and creating clinically isolated services which could have an impact on quality and safety).
- Services should ***intervene as early as possible*** to get the best outcomes for service users.
- The right services should be accessible and delivered ***when*** they are needed and ***where*** they are needed.
- Services should be delivered in a way which is sensitive to the ***diversity*** present within the communities of Gwent and South Powys paying special attention to those who find accessing services difficult.
- Services must be ***acceptable*** to those who use the services and to their families and carers.
- Services must strive to ensure that service users feel they can be an ***equal member*** of the community and that they can ***recover*** their place in the family, community and workplace after a period of illness.
- Providing services in this way can only be achieved when all those who are involved ***work in partnership*** to use scarce resources efficiently.
- Services should aim to provide services using taxpayers' money as ***efficiently and effectively*** as possible with minimal waste

Through discussions, further specific planning principles have too been adopted.

- There should be lead arrangements established for learning disability and mental health. These should be Health for mental health and Local Government for learning disability.
- The three core characteristics of integration being single management structure, single budget and single IT system should be pursued.
- There is a need to enable a new culture throughout the service
- There is a preference forward that the management of mental health is needs led and therefore age blind as such the agreement of mental health and dementia pathways should be enabled.
- Services need to be aligned with existing Local Government footprints and the emerging NCN frameworks
- A baseline of existing services, finances and workforce should be developed
- Consideration to integration of delivery and management should be given.

4. THE FUTURE VISION

Whilst an overarching vision for mental health services in Gwent has been agreed as:

To enable all people facing a mental illness or poor mental well-being living within Gwent and South Powys to lead fulfilling lives and have the same opportunities as others in society. Individuals with mental health problems and their carers will be able to access services that support their daily living needs such as housing and

employment and have access to the full range of health and social care services, provided by a mix of professionals according to their need.

Within this, the approach to integration is cited as follows :

Delivering integrated services to those that need them through services that are organised around individual needs. Ideally this requires an integrated delivery and management framework with a single budget and single IT system.

There are multiple layers to the programme of integration across Gwent and South Powys. These are:

- Integration of the service at a delivery level
- Integration of the management structures
- Integration of policies and procedures that support the above.
- Developing the professional frameworks to support integration

5. THE BASELINE POSITION

- ***Integration of the service at a delivery level***

The situation in each locality is outlined below:

Blaenau Gwent	Some plans for integration underway in respect of older adult, in conjunction with Caerphilly. Detail to emerge. No governance arrangements in place yet.
Caerphilly	Integration proposal discussed. Secondment paperwork and governance frameworks are being developed as each incremental step is taken. Newly established integrated Team Leader posts are in place
Monmouthshire	Integrated proposals emerging in respect of older adult services. No governance frameworks as yet
Newport	An integrated model has been in place for some time. The model is an age specific model adult/older adult
Torfaen	There is no integration model in place in Torfaen at the time of writing

It is always difficult to measure a baseline of culture, however anecdotal evidence suggests a culture of co-located teams in most areas, however with some way to go to achieve full integrated working.

- ***Integration of management structures***

There are currently no existing integrated management structures above delivery.

- ***Integration of policies and procedures that support the above.***

Whilst there are many individual examples of actions that have enabled personnel to work within a joint arena (ie secondments) there is no consistent approach across Gwent and moreover nothing that moves beyond making an individual available to another organisation. This work stream therefore requires future planning (ie what is the suite of documentation that supports integration at a systemic level) and retrospective work to bring any existing documentation into a common direction.

- ***Developing the professional frameworks***

There are already professional frameworks in place for the management of OTs and psychologists within an integrated structure. A Social Work arrangement is about to emerge and there is further work required in respect of nursing. There are undoubtedly lessons to be learned from the frailty work in this area.

6. OPTIONS FOR DELIVERY

Deliberations have taken place over many months on the appropriate shape of both management and delivery in order to achieve a set of benefits. Central to this debate has been the need for a common understanding of the language that we use as partners. For this reason the following is suggested :

As we move towards a needs led service, the age of a person will become less important. As such partners have agreed to develop a 'mental health pathway' and a 'dementia pathway'.

Examples : *A Mental Health Pathway* may include services to people (regardless of their age) with anxiety, depression, Bi-Polar, Schizophrenia etc

A Dementia pathway may include services to people (regardless of their age) with any cognitive impairment

In this approach, partners having agreed a common language will no longer use the terms adult mental health, older adult mental health or indeed functional or organic mental health[1].

Whilst there are many options that emerge for the planning, delivery and management of the service, there are 3 dominant options that are worthy of further description here: (Members are asked to note that all of the options start from the premise of a borough based model with an integrated management structure, integrated finance and where achievable integrated IT). :
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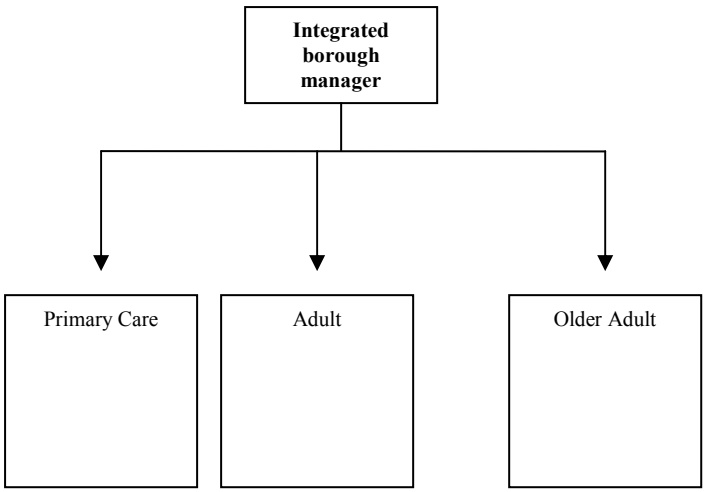
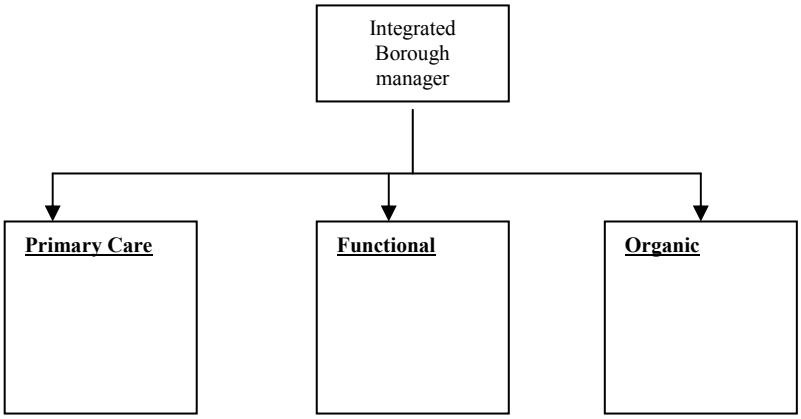
[1] Note there will be some reference to the previous terminology in the options below to show maturity of option appraisal

Option 1. Integrated Borough Management with a traditional adult and older adult supporting management structure



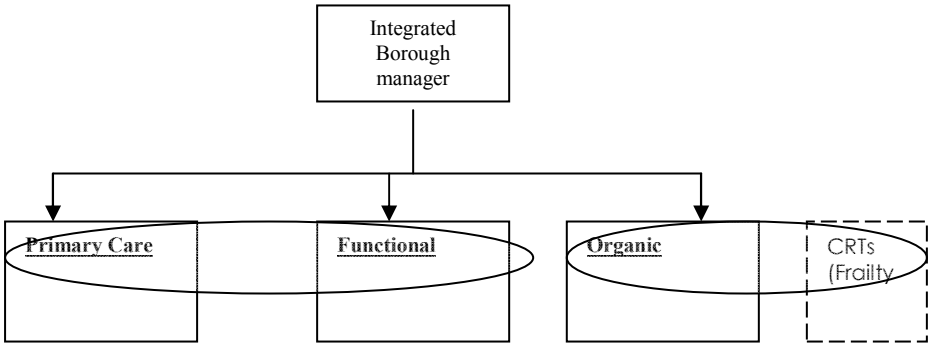
This option sees the appointment of a single manager however with supporting structures still as the traditional model. As such it does not support the policy direction (age blind, needs led) for mental health services.

Option 2. Move towards needs led – functions management model



In this scenario an integrated Borough manager would be appointed, supported by 3 separately managed functions (primary care, functional mental health and organic mental health). The option begins to move towards the mental health and dementia pathway split, however does not enable the full management of a pathway approach that is desired onward.

Option 3. A fully integrated pathway model



Option 3 would see the appointment of an integrated Borough manager supported by two pathway managers one for 'mental health' and one for dementia.

The 'mental health pathway' would include the provision of care to functional patients. It would include the following :

- Primary Mental Health Teams
- Veterans services
- Community Mental Health Teams
- Functional in-patient units
- Assertive Outreach Teams
- Early Intervention Services
- Assessment Care Management functions
- Day centre provision

The 'dementia pathway' would enable much closer alignment with the frailty model and would include :

- Memory Clinics
- Home Treatment teams
- In-reach to Nursing homes
- EMI placements
- Dementia in-patient units
- Assessment care management functions [2]

[2] NLIAH are offering pathway support for this aspect, and will soon run a workshop to explore the feasibility – it is noted that some work has been initiated in some Boroughs however no feedback on this to date

Members are asked to note that the transfer of financial and human resources associated with the models would take place within the section 33/28bb arrangement.

Option 4 : A phased approach to option 3 commencing with 'the mental health pathway - phase two would be the alignment of the dementia workforce with frailty .

This option would include all of the mental health pathway elements outlined in option 3. The phasing does however present some challenges :

- Many current post holders have roles which span existing adult and older adult structures. Advice from the workforce group that exists across organisations is that this would be a very difficult option to progress with

- Integrating existing adult services when moving towards a needs led model may result in resources being considered in the wrong parts of the system

Preferred option for delivery.

Option 3 is presented as the preferred option.

7. OPTIONS FOR MANAGEMENT

There are also a number of options for the management of the service. The preferred option is

- **Description**

An integrated management and delivery structure for the mental health and dementia pathways managed by one organisation on behalf of 6, however with accountability being retained at an organisational level (described below).

- **Day to day management of the service**

Within the model outlined above, the day to day management of the adult mental health pathway will be the responsibility of the mental health division, with this being devolved to an integrated Borough Manager (who may be either a health or social care professional). The responsibility for the dementia pathway has still to be determined (ie whether this is within the mental health division or indeed the frailty structure)

- **Accountability for the service**

Statutory responsibilities for the provision of a mental health service will be discharged via the delegated management bestowed upon the mental health division. Accountability will however remain with the organisation upon whom they

are placed and enabled via the Multi-Agency Assurance Collaborative and the Partnership Board.

- **Partnership Governance of the service**

A section 33 agreement would be developed to support the integration of the service. The agreement will follow the common format, and would require the following to be detailed :

- The service specification and minimum standards required, at locality and on a Gwent wide basis
- The process for monitoring performance and quality assurance, as well as overall assurance
- The management of resources (both human and financial)
- Arrangements for sharing risk
- Timescales for review and further development
- Arrangements for dispute/arbitration

The structure proposed above follows a similar model to the frailty arrangements. With the 'Multi-agency Assurance Collaborative' fulfilling the role of the OCG within the frailty mechanism.

It is proposed that the Partnership Board terms of reference are reviewed with a view to reflecting these responsibilities, and maybe in moving from a stakeholder Board to one which has the ability to oversee, scrutinise and govern the partnership arrangements (similar to the Frailty Board)[3].

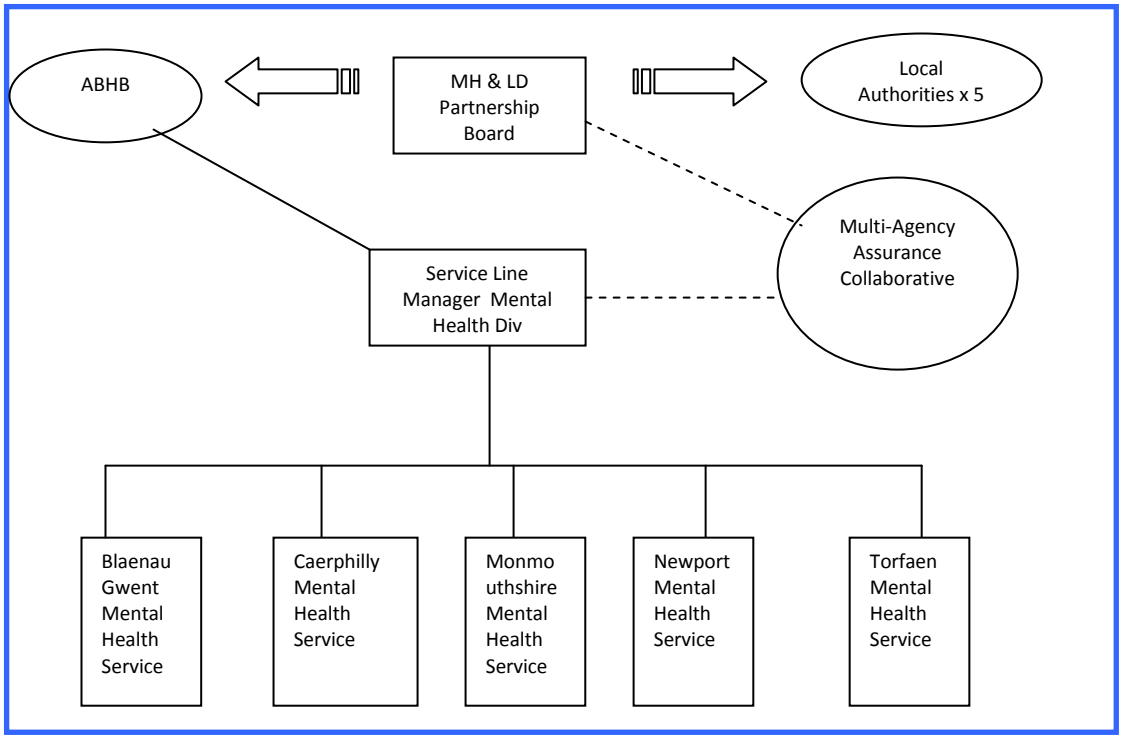
- **Staff Employment**

In the first instance, a mixed employer arrangement would apply. As such members of staff currently employed outside of the health structures would be *'made available'* via secondment to the health service. Contractual relationships would remain with the employing organisation. Day to day management of individuals in the service would transfer to the general manager of mental health and learning disability, supported by the necessary Partnership Arrangements and secondment documentation.

Ultimately the recommendation is to move towards a single employer, and this would be enabled via :

- Natural wastage – new roles being advertised with Health Board as employer
- Agreeing a date from when all roles would transfer (via TUPE or other available mechanisms)

The diagram overleaf illustrates this :



8. THE PREFERRED OPTION

In summary of the exploration above, the preferred option being presented to the Aneurin Bevan Health Board and the 5 Local Governments in Gwent is :

- To move towards a pathway model for mental health (inc the development of 2 pathways one for mental health and one for dementia)
- To move towards an integrated delivery structure at a Borough level
- To move towards an integrated management structure for delivery that retains partners existing governance structures however sees day to day management of the service undertaken by the General Manager for mental health
- To support the above via establishing a section 33 agreement

9. TIMESCALES

The following timescales are suggested :

Decision Making		
Partnership Board decision to move recommendation via individual organisations	September 2012	All
Movement through organisations decision making structures	October – November 2012	All
Workforce		
Conclude on principles for appointment, recruitment and ring-fence	September – October 2012	CH & Workforce group

Development of job descriptions for Integrated Borough Manager posts and pathway leads for each area	October – November 2012	CH/GH & Workforce group
Identification of staff who would be affected by change	October – November 2012	CH/JC & Workforce Group
Selection, Recruitment & Appointment	Dec 2012 – Jan 2013	GH/CH & Workforce Group
Alignment of existing staff with new structures	Jan-March 2013	Integrated Borough Managers with divisional lead
Finance		
Agree financial forecasts related to blueprint for the future	September – November 2012	CH/RH & Finance Group
Commence financial modelling on preferred options	As required	CH/RH & Finance Group
Governance		
Commence working up section 33/28bb arrangement	December 2012	CH/RH/JC/SB
Review Partnership Board to become a Governing Board and not a stakeholder Board	September – December 2012	CH & PB Chair
Establish Professional Structures	September – December 2012	TBC
Organisational Culture		
Gain Baseline in each area	Nov – December 2012	JB & T&F Group
Determine OD approach onward	Jan – March 2013	JB & T&F Group

10. CONCLUSION

This paper makes a proposal to Aneurin Bevan Health Board and the 6 Local Governments in Gwent for the integration of mental health services. It has presented the intention of the mental health strategy, the baseline position for integration in each of the areas, the options for consideration and a preferred option. Within the preferred option, it has too presented how arrangements related to workforce, governance, and finance will be managed. Subject to approval it has also offered some timescales against which the work to take us beyond a proposal into implementation could progress.

11. RECOMMENDATION

Members are recommended to endorse the proposal and associated timescales.

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Through consultation with :

Members of the Gwent Mental Health and Learning Disability Partnership Board
Members of the Mental Health and Learning Disability Strategy Implementation Team
Chairs of the Workforce and Finance Professional & Advisory groups